

**Neil O'Brien OBE MP**

Parliamentary Under-Secretary of State for Primary Care and Public Health  
39 Victoria Street  
London, SW1H 0EU

04 September 2023

Dear Minister,

**Re: Planned switch on of automatic access to prospective records**

Thank you for meeting with me on 17<sup>th</sup> August. Further to that meeting, I thought it may be helpful to set out in more detail the concerns that our members continue to express to us around the planned switch-on of automatic access to prospective records from October 31<sup>st</sup>. I also thought it may be useful to have this information to hand, as you kindly offered to facilitate a meeting between GPC England and the team leading on the implementation which I look forward to attending once a date has been confirmed.

As you know, GPC England has been involved with this programme since its inception, engaging with DHSC most recently to seek clarity on the imposed contractual changes to facilitate the programme launch. The issues raised during those discussions are longstanding and are widely recognised as presenting a serious risk to both the integrity and effectiveness of the programme, as well as the trust that patients place in their GP as their primary point of contact within the NHS. I have outlined three specific concerns below in the hope that we can work constructively to resolving these.

**Provision of redaction facilities**

The 2023/24 GMS/PMS contractual imposition contains an amendment to clause 16.5ZA.2 that removed the requirement to have adequate redaction software in place prior to offering access. This amendment was made without any explanation or clinical justification for why this is no longer a requirement. This causes concern as it potentially leaves GPs to provide access without having the means to safely and confidently redact sensitive information or data that would otherwise not be disclosed to a patient under GDPR. Where redaction facilities do exist, they have not been designed with automatic prospective access in mind, and so cannot be feasibly deployed at scale. We have written to the ICO for advice, but this places GP contractors at serious risk of inadvertent third-party data breach, which falls outside the current scope of the Clinical Negligence Scheme for General Practice. We are keen to explore if such examples could potentially be covered by NHS Resolution.

**Clinical safety risks**

The potential patient safety risks associated with this programme have been widely rehearsed in various different settings. For the purposes of this specific launch date, GPCE is concerned by three specific possibilities:

- 1) that a patient, upon seeing their medical information, including test results or consultation notes, is unable to adequately understand what is written and any implications it has for their health and

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becomes distressed, increasing the risk of mental harm resulting from the distress or physical self-harm prompted by the information they see.

- 2) increase demand on general practice, out of hours on 111 and emergency departments, as patients seek support to understand what they have read.
- 3) that a vulnerable patient's medical records are accessed by an individual with control over them and information stored within their record prompts that individual to harm them (as may happen in abusive and/or coercive relationships or within the context of modern slavery).

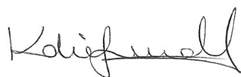
## Workload

Underscoring the above concerns and implementation of the programme more widely is the reality on the ground that for many GPs, they simply lack the time to either make the necessary preparations ahead of the launch date or to take on the increased workload resulting from the need to more closely scrutinise incoming information into the GP record post-launch. This is without considering the inadequate redaction software we have on offer to us at the present time. Although the programme may in time reduce workload – this will not happen immediately and will likely drive-up demand with any associated publicity, requiring practices to devote time to addressing concerns as opposed to access, and seasonal vaccination campaigns.

GPs remain committed to supporting patients to take greater control of their medical data and understand their obligations in their role as data controller of the electronic GP health record. Patients have a right to access their data that properly reflects the digital reality of modern-day medicine, however such an important step with potentially severe implications at a national level cannot be taken lightly. Where health is concerned proper preparation must take place to mitigate, as far as possible, any potential adverse outcomes that jeopardise a patient's safety.

We look forward to discussing these issues with you and relaying the concerns of GPs who will ultimately be responsible for implementing this programme and supporting patients through the process.

Yours sincerely,



**Dr Katie Bramall-Stainer**  
Chair, General Practitioners Committee England  
British Medical Association

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